

10/10/2007

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOISMICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURTFEB 22 2008  
2-22-2008IN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVIT*Grayling Lawrence King*  
PlaintiffL. Ellison and Valerie Lanier Representing the  
United States Department of  
Education  
Defendant(s)08CV1113  
CA: JUDGE MANNING  
JUR: MAG. JUDGE COLE*Wherever  is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:**I, Grayling Lawrence King, declare that I am the Plaintiff  Petitioner  Movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application  to proceed without full prepayment of fees, or  in support of my motion for appointment of counsel, or  both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:*

1. Are you currently incarcerated?  Yes  No (If "No," go to Question 2)  
 I.D. # \_\_\_\_\_ Name of prison or jail: \_\_\_\_\_  
 Do you receive any payment from the institution?  Yes  No Monthly amount: \_\_\_\_\_

2. Are you currently employed?  Yes  No  
 Monthly salary or wages: \_\_\_\_\_  
 Name and address of employer: \_\_\_\_\_

a. If the answer is "No":  
 Date of last employment: \_\_\_\_\_  
 Monthly salary or wages: \_\_\_\_\_  
 Name and address of last employer: \_\_\_\_\_

b. Are you married?  Yes  No  
 Spouse's monthly salary or wages: \_\_\_\_\_  
 Name and address of employer: \_\_\_\_\_

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages  Yes  No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

b.  Business,  profession or  other self-employment  Yes  No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

c.  Rent payments,  interest or  dividends  Yes  No  
 Amount \$1200 Received by Candlewood Inn.

d.  Pensions,  social security,  annuities,  life insurance,  disability,  workers' compensation,  unemployment,  welfare,  alimony or maintenance or  child support  Yes  No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

e.  Gifts or  inheritances  Yes  No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

f.  Any other sources (state source: \_\_\_\_\_)  Yes  No  
 Amount \_\_\_\_\_ Received by \_\_\_\_\_

4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts?  Yes  No Total amount: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments?  Yes  No  
 Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)?  Yes  No  
 Address of property: \_\_\_\_\_  
 Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Amount of monthly mortgage or loan payments: \_\_\_\_\_  
 Name of person making payments: \_\_\_\_\_

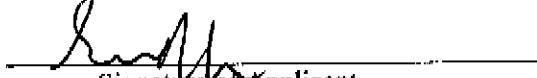
7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000?  Yes  No  
 Property: \_\_\_\_\_  
 Current value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here  No dependents

Son Jabari Sheed Johnson 100% Contribution to his support  
 Son Jalani Asim Johnson 100% Contribution to his support  
 Daughter Jamila Asha Johnson 100% Contribution to her Support  
 Daughter Jalina Asha Johnson 100% Contribution to her Support  
 Daughter Jira Asha Price 100% Contribution to her Support  
 wife Dishawn Johnson King 100% Contribution to her Support

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 2-22-08

  
 Signature of Applicant  
Lawrence King  
 (Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

**CERTIFICATE**  
**(Incarcerated applicants only)**  
**(To be completed by the institution of incarceration)**

I certify that the applicant named herein, \_\_\_\_\_, I.D.# \_\_\_\_\_, has the sum of \$ \_\_\_\_\_ on account to his/her credit at (name of institution) \_\_\_\_\_.

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ \_\_\_\_\_.  
 (Add all deposits from all sources and then divide by number of months).

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF AUTHORIZED OFFICER

\_\_\_\_\_  
 (Print name)